## Eastern MRS Meeting Notes October 20, 2006 Onslow Co Training Center

Counties Present: Craven, Cumberland, Harnett, Onslow, Wayne

Introductions
Announcements
Defining In-Home
Supporting Child Only Cases

### Announcements

 New worker, Gretchen, on the Work First policy and staff development teams (half time for each). Will be working on developing training for Work First.

## Defining In-Home

We talked a couple of months ago about defining CFT's, and WF collaboration. Now we want to do the same thing with in-Home Services. Duke in particular wants to know what do they need to see when we say "inhome" services were redesigned?

- Make sure they have done a home visit, who was seen at this visit, document that the in home services agreement was done with the family.
- Talking about the progress that has been made at each visit.
- Documentation of referrals to other services and the response of the family (did they follow up on the referrals?)
- One county does a joint 7 day visit, talk about the CFT at that time and start thinking about where it will be and who will be invited. (CFTs going well, have had at homes, agency, churches, therapist's offices; having good participation.)
- Documentation of assessment (Structured Decision Making) tools and why you feel that strengths and needs are what they are. Don't just have a rating, have an explanation.
- Documentation of collateral contacts.
  - o Who counts as a collateral?
    - Anyone who does not reside in the home that has knowledge of that family.
    - Like to have at least on collateral who is not a family member
- Start getting information from family that could be used in the end if the
  case ends up going to Adoption. Easier to get information from them when
  you are in the in-home services phase, they may be less willing to share
  when you get to the point of filing a petition. (Particularly important for
  getting medical information.)
- What do you make sure to cover on a visit?
  - What is in the case plan
  - Anything that has changed since the last visit
  - Baby Checks
  - Environment

- Follow up to see if they have been attending (for example) parenting class or whatever the referrals were. How are these going? Are they attending? What do they think about the class?
- See how they are interacting with their children. Are they behaving differently?
  - Like to schedule a visit when the children are coming home from school to see how the parents react to school.
- Announced vs unannounced visits depends on the situation with the particular case. Supervision cases more likely to pop in unannounced.

## Supporting Child Only Cases

New WF rep in the West – she emailed Holly a question regarding child only cases. If a relative took in a small child years ago and now that they are a teenager, they are not sure that they can handle them. How do we support those placements and who is responsible for this?

- WF employment services not for a check, but the SW part of the program and they helped a family with the SSI applications and getting some Mental Health visits scheduled.
- Wayne Co had one that became a dependency case as family member could not longer handle child. Since the agency placed the child elsewhere the family member was still a part of the child's life and a resource, but could not maintain the placement.
- How often does WF see child only cases? They don't have to and usually don't according to the WF person here. They don't have the staff to do visits since it is not required.
- Holly asked about Kinship Support Groups. No one here has one, but thought it was a good idea because these people have a different dynamic than Foster Parents.
- How do you deal with getting these kids permanence? Usually in fact if the families are accessing services, they just leave them alone.
- Craven's agency attorney will do a petition if appropriate. Otherwise they are stuck because they can't close the case out.
- Onslow files petition to secure placement and at the year mark either does guardianship, TPR, or adoption. Following a fatality, the state said if there are any children they are living with someone that was not a parent or legal guardian, DSS had to take legal custody and just give physical custody to the caregiver.
- Some counties never take custody, they just have a consent agreement between the parents and caregiver so custody goes from parent to caregiver and never comes through DSS.
- It would be nice in theory to be able to keep track of these families, but realistically there is not enough time. If the families call, they can refer them to the appropriate services, but DSS can't make the initial calls to them. Unfortunately often, by the time they call, the families are at their wit's end.
- CPS makes these placements when the child is young, and 5 years later
  when they are teen is when the placement starts disrupting. At this point
  WF may not know what to do. Collaboration between WF and CPS so that
  each side understands the other should help. WF may not know some of
  the places to refer the families too at the point the placement is blowing

- up. An appropriate referral may prevent the situation from becoming a CPS report in a few months.
- Again, CPS WF is the biggest bang for your buck. Get to know each other, not just in the context of your jobs, but have a semi-social event where you can get to know each other as people and you would be more likely to call them.

## **Data Collection**

 Wanted to know if the form could include the worker name on 210 because the clerical people have questions about the forms and don't know who completed it. Heather pointed out that the form is a Word document on the web.

## How You Decide to Switch Tracks

### Onslow

Rarely switch tracks. Only when it comes in as one thing and when they
go out they find that there are marks on the child or the child makes a
disclosure that makes it an abuse case. When this happens the SW
comes back and staffs it with their supervisor to switch.

#### Craven

 Not often. Occasionally starts as a family assessment and it seems that something was being hidden and the parents are uncooperative, they will switch it to investigative.

## Wayne

 Changed a couple of times. Some with drugs – seemed to have a 'flavor of meth' but not sure and the parents were acting suspiciously. Also talked to Law Enforcement and found out they were also keeping an eye on this family for meth, so went ahead and switched.

## Cumberland

- Initial confusion when you started an Investigation, and at the finding really no issues, so wanted to find Services Recommended, but that wasn't an option with the Investigative assessment. Holly said you need to talk about switching tracks earlier in the case. Can't switch it at case finding.
- Remember that switching tracks must be a two level decision and clearly documented.
- When you first start people think they will want to switch from family to investigative more, but in reality they end up wanting to switch from investigative to family.

#### Harnett

 Only changed a few, and usually it was due to non cooperation by the parents.

Onslow – Have turned some of their treatment positions over to assessors, how are other counties doing? Are they needing more assessors and less treatment workers, do the treatment workers do any assessments (if they get a report on one of their open cases?) Their plan, when they get fully staffed is to have assessors keep moderate cases.

Harnett – they did the same thing and when a vacancy came up they just filled it with an assessor. Their blended caseworkers only take a maximum of 4 case management.

Wayne – did the same thing, hired people as assessors from the get go so they didn't have to transfer anyone that didn't want to be transferred. (They had 14 vacancies at one time.)

Craven – tried blending and they didn't think it worked. (one of the original) Did a good job of educating the community when MRS rolled out so they are less likely now to get a dirty house report, but instead get the more serious cases – severe mental health and substance abuse cases, and with blended the case management always gets put on the back burner because so many serious intakes. The occasional case may get blended if someone took as assessment on call or something.

5 of the original 10 are still blending.

The biggest struggle with blending, is that management must be flexible and stay on top of worker's caseloads. You will need to skip people in rotation etc. when they already have too many cases.

Wayne does this. They will red flag a worker that has too many cases, but they only give them a week out of rotation. That gives the worker time to look closer at their cases. Sometimes, if you are struggling with caseload size it is because workers are not closing cases when they should. Get so busy that they just keep going right past a point where the case should have closed or a petition should have been filed.

Often times with the blended caseloads the staff feel like they are not getting their case management done, but in actuality they are. Holly found this with her staff and one of the other 10 Pilot kept records. Although staff said they were not making visits on time, records showed they were. She says again, commit to it for a year because it will take that long to get a true picture.

Cumberland feels that the determining factor to keep or transfer cases should not be if the risk is moderate or high. (the reason for this is the required number of visits) However, that is not always an indication of how much time working with this family will require. Holly stressed that we are asking the counties to do the same thing they are asking families to do. Figure out what works best for you within the framework of MRS.

Onslow - The demographic stuff on the risk assessment may make it high, but the strengths and needs assessment is a better need of whether or not the family is at risk and how much time that they feel the family will take to work with. They try to decide if the case will stay open longer than 4-6 months. If that is the case they transfer.

In general Holly found as a whole, case management did not stay open as long because of the front loading of services, when MRS was completely implemented.

Backlog Blitz – periodically they get together and review cases that have been open 6 months or more. Look as a group and brainstorm – should these be closed, or should a petition have been filed.

- MRS Monthly Meetings
   Central Meeting November 17<sup>th</sup> Randolph Co
   Western Meeting November 28<sup>th</sup> Buncombe Co St. John's Episcopal
  - Eastern Meeting November 30<sup>th</sup> Washington Co

# Policy Trainings

- November 29<sup>th</sup> MRS Policy Pitt Co
   December 7<sup>th</sup> MRS Policy Onslow Co